SERIAL NO. PILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET APPLICANT(S) (FOR USE WITH FORM PTO-875) **CLAIMS** APTER AFTER
1st AMENDMENT 2nd AMENDMENT AS PILED DEP. IND. DEP. IND. DEP. DEP. IND. DEP. IND. DEP. Ų. .23 \mathcal{D} € δ ę () 1: (1) \Box 1) Ó8 X44 . $\langle 1 \rangle$ Вυ TOTAL TOTAL OMAY BE USED FOR ADDITIONAL CLARE OR ARL. IDECENT Potons and Tradomorts Office